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|---|-------------------------------|----------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 960049.90324 |
| | First Named Inventor | Bruce W. Ramme |
| | COMPLETE IF KNOWN | |
| | Application Number | |
| | Filing Date | Filed Herewith |
| | Art Unit | |
| | Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Mercury Removal From Activated Carbon and/or Fly Ash

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

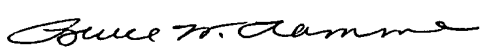
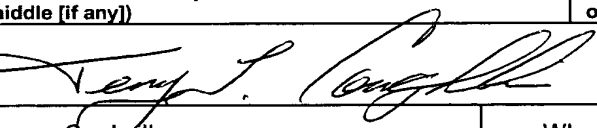
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

| | | | | | |
|--|--|-----------|---|--|------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number | | 26710 | | OR <input type="checkbox"/> Correspondence address below | |
| Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | Telephone | | Fax | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| Bruce W. | | | Ramme | | |
| Inventor's Signature  | | | Date 10/27/03 | | |
| Residence: City Okauchee | | State WI | Country US | Citizenship US | |
| Mailing Address N51 W34316 Enchanted Court | | | | | |
| Mailing Address | | | | | |
| City Okauchee | | State WI | | ZIP 53069 | Country US |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| Terry L. | | | Coughlin | | |
| Inventor's Signature  | | | Date 10-27-03 | | |
| Residence: City Saukville | | State WI | Country US | Citizenship US | |
| Mailing Address 3228 Hwy O | | | | | |
| Mailing Address | | | | | |
| City Saukville | | State WI | | ZIP 53080 | Country US |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | |

Please type a plus sign (+) inside this box → +

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| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u> |
|--------------------|---|

| | | | |
|---|----------|---|----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Bryna D. | | Goeckner | |
| Inventor's Signature <i>Bryna D. Goeckner</i> | | Date <i>10/27/03</i> | |
| Residence: City Whitefish Bay | State WI | Country US | Citizenship US |
| Mailing Address 5842 N. Bay Ridge Ave | | | |
| Mailing Address | | | |
| City Whitefish Bay | State WI | ZIP 53217 | Country US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Bryan C. | | Fisher | |
| Inventor's Signature | | Date | |
| Residence: City Kennesaw | State GA | Country US | Citizenship US |
| Mailing Address 3693 Iroquis Road | | | |
| Mailing Address | | | |
| City Kennesaw | State GA | ZIP 30144 | Country US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| John J. | | Noegel | |
| Inventor's Signature <i>John J. Noegel</i> | | Date <i>10/27/2003</i> | |
| Residence: City Grafton | State WI | Country US | Citizenship US |
| Mailing Address 808 F Delaware Ave. | | | |
| Mailing Address | | | |
| City Grafton | State WI | ZIP 53024 | Country US |

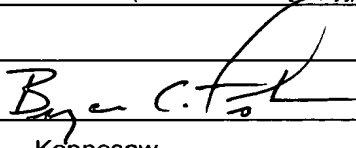
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

| | | | |
|---|---------------|---|----|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Bryna D. | | Goeckner | |
| Inventor's Signature | | Date | |
| Residence: City | Whitefish Bay | State | WI |
| Country | US | Citizenship | US |
| Mailing Address 5842 N. Bay Ridge Ave | | | |
| Mailing Address | | | |
| City | Whitefish Bay | State | WI |
| ZIP | 53217 | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Bryan C. | | Fisher | |
| Inventor's Signature  | | Date 11-10-03 | |
| Residence: City | Kennesaw | State | GA |
| Country | US | Citizenship | US |
| Mailing Address 3693 Iroquis Road | | | |
| Mailing Address | | | |
| City | Kennesaw | State | GA |
| ZIP | 30144 | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| John J. | | Noegel | |
| Inventor's Signature | | Date | |
| Residence: City | Grafton | State | WI |
| Country | US | Citizenship | US |
| Mailing Address 808 F Delaware Ave. | | | |
| Mailing Address | | | |
| City | Grafton | State | WI |
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| Application Number | |
| Filing Date | Filed Herewith |
| First Named Inventor | Bruce W. Ramme |
| Title | Mercury Removal From Activated |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 960049.90324 |

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Bruce W. Ramme |
| Signature |  |
| Date | 10/27/03 |
| Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 5 forms are submitted.

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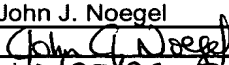
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| | |
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| Name | John J. Noegel |
| Signature |  |
| Date | 10/27/2003 |
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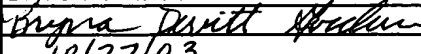
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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--|
| Name | Bryna Devitt Goeckner | | |
| Signature |  | | |
| Date | 10/27/03 | Telephone | |

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| Title | Mercury Removal From Activatec |
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| Examiner Name | |
| Attorney Docket Number | 960049.90324 |

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☒ Practitioners at Customer Number:

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OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Bryan C. Fisher

Signature

Date

11-10-03

Telephone

678-644-0006

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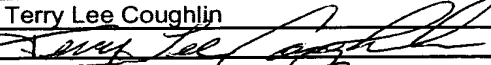
Applicant/Inventor.



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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--|
| Name | Terry Lee Coughlin | | |
| Signature |  | | |
| Date | 7-10-27-03 | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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